NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Cooperative Agreement to Prevent Lyme Disease in

Humans in the United States

STATUTORY AUTHORITY:

Public Hlth. Serv. Act, Sec. 301, 42 USCA, Sec. 241 as amended & Pub. Hlth. Serv., Sec. 317,

42 USCA, Sec. 247B as amended

GRANT PROGRAM NO. 05-35-LYM TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To develop the most efficient control and prevention strategy for Lyme disease in New Jersey.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$460,000 should be available in State Fiscal Year 2005 to fund two awards. The award will begin on March 15, 2005 and will be for a twelve month budget period. The funding estimate may vary and is subject to federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.
- 3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Funding is limited to local health departments and mosquito commissions located within the hyperendemic Lyme disease areas of New Jersey and educational institutions such as colleges and universities which provide training in environmental health sciences.

OUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Must be a local health department or mosquito commission with proven experience providing environemental health and epidemiological surveillance and research. The educational institution must be accredited, offering programs in a health related field recognized by the New Jersey Department of Education.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

FOR INFORMATION CONTACT:

Program Manager, Infectious and Zoonotic Disease Program

New Jersey Department of Health & Senior Services TELEPHONE: (609) 588-7500

Communicable Diseases Service, P.O. Box 369 FAX: (609) 588-7433

Trenton, NJ 08625-0369 E-MAIL: Christina.Tan@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant, information will be included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.